

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ellazar, Estela (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 17-162 Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: July 3, 2019 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, no current tuberculosis (TB) skin test.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected. TB test was done at an earlier date. May 29, 2019. Copy was obtained and file appropriately.</p>	7/4/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, no current tuberculosis (TB) skin test.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, I will develop check list with due dates to alert me, 2 months prior expiration date, noting paperwork is received and filed as completed. I will be checking my checklist monthly.</p>	7/4/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, 2, 3, 4, 5 & 6, no medication administration training provided by the primary care giver (PCG).</p> <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected. Basic skills completed for all caregivers as noted, to include medication administration.</p>	<p>1/13/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, 2, 3, 4, 5 & 6, no medication administration training provided by the primary care giver (PCG).</p> <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to avoid this issue I will:</p> <ol style="list-style-type: none"> 1) Develop a checklist of all requirements for caregivers before hiring, to include basic skills check 2) monitor and assist with completion of all requirements prior to hiring caregivers. 3) allow caregivers to work at my Care Home, only upon completion of all requirements. <p>Caregivers will be updated as needed.</p>	7/4/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Large bowl of raw squid uncovered in refrigerator.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, deficiency was corrected. open bowl was covered, immediately 7/13/2019</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Large bowl of raw squid uncovered in refrigerator.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, upon hiring of all caregivers, kitchen rules will be reviewed + posted if necessary, to include all foods, in the refrigerator, to be covered.</p>	<p>7/3/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer for measuring hot and cold foods.</p> <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes. the Metal Stem thermometer was placed in the a designated area and all persons will be able to locate the thermometer</p>	<p>1/15/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer for measuring hot and cold foods.</p> <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, the metal stem thermometer will be kept in a designated area to avoid questions of its availability & its location.</p> <p>From now on, I will be using my ^{new} thermal thermometer every time I cook & ^{return} place it in the designated place.</p>	<p>1/5/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1, the following ophthalmic solutions were unlabeled as they were removed from the prescription labeled box and placed in a clear plastic bag with a label listing the following four (4) ophthalmic solutions:</p> <ul style="list-style-type: none"> • "Dorzolamide 2% eye drops" • "Timolol Maleate 0.5% Ophthalmic Solution" • "Latanoprost Ophthalmic Solution" • "Brimonidine Solution 0.2%" <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, all ophthalmic solution were returned to their appropriate labeled boxes, as soon as possible</i></p>	<p>7/3/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1, the following ophthalmic solutions were unlabeled as they were removed from the prescription labeled box and placed in a clear plastic bag with a label listing the following four (4) ophthalmic solutions:</p> <ul style="list-style-type: none"> • "Dorzolamide 2% eye drops" • "Timolol Maleate 0.5% Ophthalmic Solution" • "Latanoprost Ophthalmic Solution" • "Brimonidine Solution 0.2%" <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on, I will ^{not} remove prescription medication from the prescription label box.</p>	7/4/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1, "Latanoprost 0.005%" ophthalmic solution prescription label read, "Refrigerate before opening." However, medication was stored at room temperature.</p> <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, all the medications were stored as labeled. I refrigerated an unopen medication in the lock box.</p>	7/4/2019

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1, "Latanoprost 0.005%" ophthalmic solution prescription label read, "Refrigerate before opening." However, medication was stored at room temperature.</p> <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on after I pick up medication from the pharmacy I have to make sure, I have to make sure I read the label if that medications need to refrigerate yes it does I'll put in the box inside the refrigerator.</p>	<p>7/4/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, physician order dated <u>October 10</u>, 2018 read, "Atorvastatin 10 mg oral tablet one po qd." However, October 2018 medication record initialed as administered beginning <u>October 1</u>, 2018.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, physician order dated <u>October 10</u>, 2018 read, "Atorvastatin 10 mg oral tablet one po qd." However, October 2018 medication record initialed as administered beginning <u>October 1</u>, 2018.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>As soon as I come from the doctor, I will write it in the MAR + sign it as soon as I administer</p>	<p>7/5/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, physician order dated September 21, 2018 and PCG progress note read, "Imipramine 25 mg oral tablet one po daily." However, medication was not transcribed on to the September – December 2018 monthly medication records.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, physician order dated September 21, 2018 and PCG progress note read, "Imipramine 25 mg oral tablet one po daily." However, medication was not transcribed on to the September – December 2018 monthly medication records.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To avoid this issue in the future, all orders will be reviewed, clarified with the MD, as correct, if any meds are not available or not ordered, MD will be notified to resclarify orders immediately.</i></p>	<p><i>1/5/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, medication bin contained the following medication discontinued on May 31, 2019:</p> <ul style="list-style-type: none"> • "Ondansetron 4 mg oral tablets" 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, medication was disposed of as directed per county regulations 7/15/2019</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, medication bin contained the following medication discontinued on May 31, 2019:</p> <ul style="list-style-type: none"> • "Ondansetron 4 mg oral tablets" 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue, in the future, all medications discontinued will be discarded appropriately and all caregivers will be instructed on proper storage of ordered medications and disposal of all medications discontinued on hnd. 7/8/2019</p> <p>In the future to avoid this issue, I will make sure to check medications monthly. & if its expired, I have to make sure that the medications is discarded.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – July 2019 medication record reflected the following “8 pm” medications were not initialed as administered July 1 – 2:</p> <ul style="list-style-type: none"> • “Risperidone 1 mg tablet” • “Latanoprost 0.005% eye drops” • “Dorzolamide 2% eye drops” 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – July 2019 medication record reflected the following “8 pm” medications were not initialed as administered July 1 – 2:</p> <ul style="list-style-type: none"> • “Risperidone 1 mg tablet” • “Latanoprost 0.005% eye drops” • “Dorzolamide 2% eye drops” 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future all medications will be signed off appropriately, immediately after administration. All caregivers will be instructed on proper administration and handling of all medications to include documentation of administration of the medication, upon hire and annually.</p> <p>I will keep all residents current MMR in a folder in the medication Cabinet + sign after each time I administer.</p>	7/5/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – March 2019 medication record reflected the following medications were not initialed as administered March 1 – 31, 2019:</p> <ul style="list-style-type: none"> • “Risperidone 1 mg tablet” • “Latanoprost 0.005% eye drops” • “Dorzolamide 2% eye drops” • “MVI with minerals” • “Melatonin 6 mg” • “Brimonidine Solution 2%” • “Timolol Maleate 0.5%” • “Atrovastatin 10 mg” • “HCTZ 12.5 mg” 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – March 2019 medication record reflected the following medications were not initialed as administered March 1 – 31, 2019:</p> <ul style="list-style-type: none"> • "Risperidone 1 mg tablet" • "Latanoprost 0.005% eye drops" • "Dorzolamide 2% eye drops" • "MVI with minerals" • "Melatonin 6 mg" • "Brimonidine Solution 2%" • "Timolol Maleate 0.5%" • "Atrovastatin 10 mg" • "HCTZ 12.5 mg" 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on, to avoid this issue, I will not reprod the MAR, if there are any changes, I will write it in the MAR + initial after I give ^{any} the medication</p>	<p>St 7/5/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1, admitted on September 1, 2018, no admission assessment completed by the PCG.</p> <p><u>This is a repeat deficiency from your 2018 annual inspection.</u></p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – No incident report for emergency department visit of December 28, 2018.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Incident report was completed and dated 1/6/2019, even though event occurred 12/23/2018.</p>	<p>1/6/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – No incident report for emergency department visit of December 28, 2018.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To avoid this deficiency, in the future, I will file an incident report for all unusual changes or incidents & emergency room ^{visits} & all concerned persons will be notified appropriately.</i></p>	<p><i>7/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1, admitted on September 1, 2018, no current inventory of possessions.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, an inventory completed and dated.</i></p>	<p><i>7/6/2019</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1, admitted on September 1, 2018, no current inventory of possessions.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, a list of the admission requirements will accompany the resident's chart and items checked off as completed, to make sure all paperwork and requirements are completed, in a timely manner.</p>	<p>7/6/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1, no documentation physician was made aware of weight gain of eight (8) pounds between December 2018 and January 2019.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (c)</u> The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1, no documentation physician was made aware of weight gain of eight (8) pounds between December 2018 and January 2019.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To avoid this issue in the future, all changes in residents' health status will be reported to the MD/APRN and documented appropriately. as soon as I noticed in the changes of the residents I will call the doctor.</i></p>	<p><i>1/6/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Hallway leading to Exit #2 obstructed by two (2) wheelchairs.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, deficiency was corrected immediately, wheelchairs are removed to clear the path to safe area.</i></p>	<p><i>2/3/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Hallway leading to Exit #2 obstructed by two (2) wheelchairs.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, all caregivers upon hire, will be instructed on keeping all exits clear for a safe + speedy escape in case of fire or any need for evacuation. I will check every day to make sure the emergency exit door is clear.</p>	7/9/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1, admitted on September 1, 2018, no documentation of pneumococcal vaccination.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes vaccine was done + filed appropriately.</i></p>	<p><i>7/15/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1, admitted on September 1, 2018, no documentation of pneumococcal vaccination.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, a list of the admission requirements (it include the pneumococcal vaccination) will accompany the resident's chart, to ensure all requirements are met.</p> <p>To avoid this issue in the future, I have to make sure that pneumococcal vaccine is available & if not, I will call the doctor if the resident has pneumococcal done in the past.</p>	7/15/2019

prior to admission I will use my admission check list to make sure that I have pneumococcal vaccine & if there's not any I will call the doctor to get documentation. If there's did not receive, I will take the resident to have pneumococcal vaccine prior to admission.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> June 2019 – No monthly fire drill.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> June 2019 – No monthly fire drill.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid missing fire drills in the future, monthly reminder lists will be developed to include fire drills, testing on the smoke detectors, checking expiration dates on caregivers records, CPR, Physical Exams, TB tests, etc.</p> <p>I will keep the reminder lists in the medicine cabinet to remind me, ⁱⁿ & check it frequently.</p>	<p>7/6/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><u>FINDINGS</u> June 2019 – No monthly smoke detector check.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><u>FINDINGS</u> June 2019 – No monthly smoke detector check.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid missing fire drills in the future, monthly reminder lists will be developed to include fire drills, testing on the smoke detectors, checking expiration dates on caregivers' records, CPR, physical exams, TB tests, etc.</p> <p>I will keep the reminder lists in the medicine cabinet to remind me & check it frequently.</p>	<p>2/6/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> Resident #1 – no care giver training provided by case manager to SCG #1 and SCG #4 to administer oral medications and ophthalmic solutions.</p> <p><u>This is a repeat deficiency from your 2017 and 2018 annual inspections.</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, delegation was completed and filed appropriately.</i></p>	<p>7/13/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> Resident #1 – no care giver training provided by case manager to SCG #1 and SCG #4 to administer oral medications and ophthalmic solutions.</p> <p><u>This is a repeat deficiency from your 2017 and 2018 annual inspections.</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this deficiency in the future, all orders will be reviewed with the case manager, upon the resident's admission. We will determine delegations required according to the medications and treatments ordered by the MD. All caregivers will be checked off, before working with the resident. This requirement will be listed on the admission requirement list for the resident.</p>	<p>2/13/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1, service plan did not identify the following:</p> <ol style="list-style-type: none"> 1. Services to be provided to the expanded ARCH resident 2. Treatment and medication orders 3. Identify problems with measureable goals and outcomes 4. Specific procedures for intervention or services required to meet the expanded ARCH resident's needs 5. Names of persons required to perform interventions or services required by the expanded ARCH resident. <p><u>This is a repeat deficiency from your 2017 and 2018 annual inspections.</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. Case Manager was informed of deficiency and a care plan was developed by the case manager.</p>	<p>7/13/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1, service plan did not identify the following:</p> <ol style="list-style-type: none"> 1. Services to be provided to the expanded ARCH resident 2. Treatment and medication orders 3. Identify problems with measureable goals and outcomes 4. Specific procedures for intervention or services required to meet the expanded ARCH resident's needs 5. Names of persons required to perform interventions or services required by the expanded ARCH resident. <p><u>This is a repeat deficiency from your 2017 and 2018 annual inspections.</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To be avoid the issue in the future, I will work with the case manager, by assisting in completing an accurate assessment of the resident's needs and/or problems. I will remind the case manager that the care plan must reflect all the requirements, the problems, the goals, the treatments, medications, services and the evaluation of the treatments and who is responsible for the treatments or interventions in the care plan.</p>	<p>7/19/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, no monthly care plan review by the case manager for September 2018 – June 2019.</p> <p><u>This is a repeat deficiency from your 2017 and 2018 annual inspections.</u></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes the Case Manager was informed of the deficiency and acknowledged. Unable to correct after the fact.</i></p>	<p><i>2/13/2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, no monthly care plan review by the case manager for September 2018 – June 2019.</p> <p><u>This is a repeat deficiency from your 2017 and 2018 annual inspections.</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, monthly reminder lists will be developed to include monthly evaluations of the care plan, fire drills, testing on the smoke detectors checking expiration dates on caregivers records, CPR, physical exams, TB Tests etc.</p> <p>As soon as I receive the paper from the Agency I have to make sure I review it ^{change} & if there is need to be change or I'll call the Agency to correct it.</p>	<p>7/13/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, admitted on September 1, 2018, no six (6) month comprehensive re-assessment completed in March 2019.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, admitted on September 1, 2018, no six (6) month comprehensive re-assessment completed in March 2019.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, in addition to the requirements required on admission, a list will be developed for expiration dates of re-assessments, immunizations, physical exams, MD visits, etc.</p> <p>I will remind the Agency 2 mos prior of service plan to do comprehensive plan reassessment if its not done.</p>	<p>7/13/2019</p>

Licensee's/Administrator's Signature: Estela Elazar

Print Name: ESTELA ELAZAR

Date: 7/26/2019

Licensee's/Administrator's Signature: Estela Elizar

Print Name: ESTELA ELIZAR

Date: 1/29/2019